

SCHEDULE A			CASH LOCATION AND STATUS OF BANK ACCOUNTS							
CKNG	CD	SVNG	Bank and Branch Where Carried	Balance	Interest Rate Paid to You?	Date CD Matures	Is this Account Pledged for a Loan?	Balance of Loan	Maturity Date of Loan	
Total									Total	

SCHEDULE B		STOCKS AND BONDS (Include Interests In Any Closely Held Business)						
Description	No. Shares	Registered in Name of	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledged	
Total								

SCHEDULE C		LIFE INSURANCE				
Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Loans on Policy	Name of Company	Location of Office
Total						

SCHEDULE D		ACCOUNTS AND NOTES RECEIVABLE				
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable	Balance Due
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
Total						

SCHEDULE E		REAL ESTATE OWNED			
Parcel No.	Description	Address/Location	Owner(s)	Date Acquired	Cost
1					
2					
3					
4					
5					
6					
7					

SCHEDULE E		REAL ESTATE OWNED (continued)				
Mortgage or Lienholder		Annual Taxes	Monthly Income	Monthly Payments	Present Value	Balance Due
Total						

SCHEDULE F		OTHER ASSETS AND PERSONAL PROPERTY					
Automobiles	Value	Rec. Vehicles and Boats	Value	Personal Property	Value	Totals	
Yr.: Make:		Yr.: Make: Ft.:		Furniture		Subtotal - Autos	
Yr.: Make:		Yr.: Make: Ft.:		Jewelry		Subtotal - R/V's	
Yr.: Make:		Yr.: Make: Ft.:		Equipment		Subtotal - Personal Property	
Yr.: Make:		Yr.: Make: Ft.:		Other:			
		Other:					
Subtotal Autos		Subtotal R/V's		Subtotal Personal Property		Total - All Other Assets	

SCHEDULE G		NOTES AND LOANS PAYABLE TO BANKS AND OTHERS				
Payable To	Address	Collateral	Persons Liabe	Maturity Date	How Payable	Balance Due
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
Totals						

SCHEDULE H		ACCOUNTS AND BILLS PAYABLE (Including Bank Cards)			
Payable To	Account Number	Persons Liabe	How Payable	Balance Due	
			Per		
			Per		
			Per		
			Per		
			Per		
			Per		
			Per		
			Per		
Totals					

SCHEDULE I		OTHER LIABILITIES		
Payable To	Persons Liabe	Collateral	How Payable	Balance Due
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
Totals				

If applicant resides in a community property state, please complete the following concerning marital status:

Applicant is: Married Separated Unmarried (Includes single, divorced and widowed) Registered Domestic Partner
 Co-Applicant, if any, is: Married Separated Unmarried (Includes single, divorced and widowed) Registered Domestic Partner

APPLICANT INFORMATION	Social Security No.		Driver's License No.		Home Phone		Business Phone	
	Date of Birth (MM/DD/YYYY)		Name of Employer		Occupation		No. of Years Salary per	
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
	Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:							
	Alimony child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral							
	Income (salary, pension, social security, dividends, interest, etc.) Source: per month							
	Have you ever borrowed from any other branch of this institution? Name: Location: Date:							
	Number of Dependents _____ Ages _____ Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____							
	Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Names of References				Addresses			
CO-APPLICANT INFORMATION	Co-Applicant's Full Name				Addresses			
	Social Security No.		Driver's License No.		Home Phone		Business Phone	
	Date of Birth (MM/DD/YYYY)		Name of Employer		Occupation		No. of Years Salary per	
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
	Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:							
	Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral							
	Income (salary, pension, social security, dividends, interest, etc.) Source: per month							
	Have you ever borrowed from any other branch of this institution? Name: Location: Date:							
	Number of Dependents (not listed by applicant) _____ Ages _____ Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____							
	Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Names of References				Addresses				

APPLICANT'S SIGNATURE(S).

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Lender is relying on this statement of my financial condition in making loan(s) to me. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. I agree to inform Lender immediately of any matter which will cause any significant change in my/our financial condition. I understand that Lender will retain this financial statement whether or not credit is granted.

SIGNATURES

 Applicant's Signature Date Co-Applicant's/Joint Credit Signature Date

CONSENT. The lender may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) an individual co-borrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize the financial institution to obtain a consumer credit report on me for that purpose to evaluate the loan application.

Date: _____ Signature _____ Social Security Number _____